



# Question 1

Nevada Division of State Lands  
Conservation and Resource Protection Grant Program

## GENERAL GRANT APPLICATION

### ROUND 1 GRANT AWARDS

*BLUE AREAS TO BE COMPLETED BY APPLICANT*

<b>Program/Project Title:</b>	<b>NDSL Stamp Box</b> (For NDSL Office Use Only)
<b>Program/Project Location &amp; County(ies)*:</b>	

\*Describe the general physical location. Attach a separate list of Assessor's Parcel Numbers (APNs) affected by the project. If the project spans more than one county, list APNs by county. If a linear project, describe start and end points.

<b>Entity Requesting Grant Funds:</b> _____
<b>Program/Project Manager:</b> _____

Application Type (Check all that apply)	
<input type="checkbox"/> Recreational Trail	<input type="checkbox"/> Open Space
<input type="checkbox"/> Urban Parks and Greenbelts	<input type="checkbox"/> Carson River Corridor
<input type="checkbox"/> Habitat Conservation Plans	<input type="checkbox"/> Lake Tahoe Path System
<input type="checkbox"/> Land and Water Acquisition	<input type="checkbox"/> Non-Profit

For NDSL Office Use Only		
	Date	By
Received by NDSL		
Initial Determination of Eligibility		
Incomplete Application Notice/Additional Information Requested		
Complete Application Notice		
Funding Agreement Executed		

<b>Applicant Contact Information:</b>	
Name:	
Mailing Address: (City/State/Zip)	
Phone:	
<input type="checkbox"/> Land Line	(   )   -
<input type="checkbox"/> Mobile	(   )   -
Fax:	(   )   -
Email:	

<b>Authorized Project Representative Information:</b> (if different from above)	
Name:	
Mailing Address: (City/State/Zip)	
Phone:	
<input type="checkbox"/> Land Line	(   )   -
<input type="checkbox"/> Mobile	(   )   -
Fax:	(   )   -
Email:	

**DECLARATION BY THE APPLICANT:**

I hereby authorize the Nevada Division of State Lands to access the property for the purpose of site visits\*. I hereby declare that this application and all information submitted as part of this application are true and accurate to the best of my knowledge. I am the owner of the subject property or I have been authorized in writing by the owner(s) of the subject property to represent this application and understand that should any information or representation be submitted in connection with this application be incorrect or untrue, the Nevada Division of State Lands may rescind any agreements made in connection with this application, or take other appropriate action. I further understand that additional information may be required by the Nevada Division of State Lands to review this application, and that the submittal of this application does not guarantee execution of a Question 1 Program Funding Agreement.

**Signature** *(Original Signature Required)*

\_\_\_\_\_  
Person Preparing Application

At: \_\_\_\_\_  
County

Date: \_\_\_\_\_

\*Site visits by Nevada Division of State Lands staff may occur periodically to facilitate project implementation.

## AUTHORIZATION FOR REPRESENTATION

The following person(s)/entity(ies) own the property(ies) subject to this application or have sufficient interest therein to make application to the Nevada Division of State Lands:

☐ **Check Here if Not Applicable**

Print Owner(s) Name(s):

☐ **See Attached Sheet for Additional Owner Information**

I/We authorize \_\_\_\_\_ to act as my/our representative in connection with this application to the Nevada Division of State Lands for the subject property and agree to be bound by said representative. I understand that additional information may be required by the Nevada Division of State Lands beyond that submitted by my representative to review this application. Any cancellation of this authorization shall not be effective until receipt of written notification of same by the Nevada Division of State Lands. I also understand that should any information or representation submitted in connection with this application be incorrect or untrue, the Nevada Division of State Lands may rescind any agreements made in connection with this application.

**Owner(s) Signatures(s):** *Original Signatures Required. Attach additional sheets if necessary.*

Date: \_\_\_\_\_

Date: \_\_\_\_\_

☐ **See Attached Sheet for Additional Signatures**

**The following attachments must also be completed by the applicant and attached:**

- ☐ Attachment Q1-C: Application Checklist
- ☐ Attachment Q1-E: Initial Environmental Impacts Checklist
- ☐ Attachment Q1-R: Ranking Criteria Form

**Review of the following attachment is recommended:**

- ☐ Attachment Q1-M: Match Requirements